

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of <u>Pinal</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Rice</u>		State Index No. <u>17</u>	
or		County Registrar No. <u>898</u>	
City of _____		Local Registrar No. _____	
No. _____		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Hellen Sada</u>			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Female</u>			<u>yes</u>
6. Date of birth		7. Date of birth	
<u>11</u> <u>17</u> <u>24</u>		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Louis Sada</u>		Full maiden name <u>Luzette (?)</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u>		15. Residence (Usual place of abode) <u>Rice Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>61</u> (Years)		17. Age at last birthday <u>50</u> (Years)	
12. Birthplace (city or place) <u>Rice Ariz</u>		18. Birthplace (city or place) <u>Rice Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>no</u>	
(a) Born alive and now living <u>5</u>			
(b) Born alive but now dead <u>3</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>I attended</u> the birth of this child, who was <u>born alive</u> at <u>3 a</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>[Signature]</u>	
Given name added from supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>San Carlos Ariz</u>	
Registrar. _____		Filed <u>12-7</u> 19 <u>24</u>	
		Local Registrar. <u>[Signature]</u>	
		County Registrar. <u>[Signature]</u>	

821-1117-300